C-2 Rev. 04/04



## CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

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		Office Sought (if car Senate	ndidate)	District (if any)		
City and Zip Fruitland, ID 83619	91. UN ST	Home Phone AHO 452-3812	2	Work Phone 452-3812		
City and Zip		Home Phone		Work Phone		
Fruitland, ID 83619	9	452-2124		452-2124		
d, fill in the appropriate of		nd check the appro	priate b	ox(es). See the		
11 / 13 / 04		- Committee of the comm		04 Pre-General Report		
•	- <b>F</b>	<b>_</b>				
_			_			
				Yes 🗸 No		
NO CONTRIBUTION	S OR	EXPENDITURES	8			
Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.  I hereby certify that I have received no contributions and have made no expenditures during this reporting period from11/13/04 through12/31/04						
			Calc	COLUMN II endar Year to Date		
	\$	XXXXXX	\$_	0.00		
ing Period**	\$_	3,619.54	\$ _	XXXXXX		
ge 2)	\$	0.00	\$_	20,461.00		
	\$	3,619.54	\$ _	20,461.00		
e 2)	\$_	0.00	\$ _	16,841.46		
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**			\$ _	3,619.54		
	\$_	0.00				
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	City and Zip Fruitland, ID 83619  City and Zip Fruitland, ID 83619  TYPE OF REPOR d, fill in the appropriate of dates.  11 / 13 / 04  30 Day Post-Primary Ro 30 Day Post-General Ro s Only)  So I No Is the NO CONTRIBUTION are during this reporting of carry forward the appropriate of the appropriate of the second secon	City and Zip Fruitland, ID 83619  TYPE OF REPORT d, fill in the appropriate dates and lates.  11	City and Zip Fruitland, ID 83619  TYPE OF REPORT d, fill in the appropriate dates and check the appropriates.  11 / 13 / 04 through 12 / 30 Day Post-Primary Report  Cotol  Contributions and have made no expenditures during this reporting period, check the box ne o carry forward the appropriate "Calendar Year to contributions and have made no expenditures during 3 / 04 through 12 / 31 / 04  SUMMARY ais report's Column I port (except on line 6).  SUMMARY ais report's Column I port (except on line 6).  SUMMARY ais report's Column I port (except on line 6).  SUMMARY ais report's Column I and through 12 / 31 / 04  SUMMARY ais report's Column I and through 12 / 31 / 04  SUMMARY ais report's Column I and through 12 / 31 / 04  SUMMARY ais report's Column I and through 12 / 31 / 04  SUMMARY ais report's Column I and through 12 / 31 / 04  SUMMARY ais report's Column I and through 12 / 31 / 04  SUMMARY ais report's Column I and through 12 / 31 / 04  SUMMARY ais report's Column I and through 12 / 31 / 04  SUMMARY ais report's Column I and through 12 / 31 / 04  SUMMARY ais report's Column I and through 12 / 31 / 04  SUMMARY ais report's Column I and through 12 / 31 / 04  SUMMARY ais report's Column I and through 12 / 31 / 04	City and Zip Fruitland, ID 83619  TYPE OF REPORT  d, fill in the appropriate dates and check the appropriate blates.  11		